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CONFIRMATION NO. 6902

<b>SERIAL NUMBER</b> 09/621,670	<b>FILING OR 371(c) DATE</b> 07/24/2000 <b>RULE</b>	<b>CLASS</b> 002	<b>GROUP ART UNIT</b> 3765	<b>ATTORNEY DOCKET NO.</b> 29985/05-112A
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/613,439 07/11/2000 PAT 7,048,710 which is a DIV of 09/071,284  
 05/01/1998 PAT 6,162,192  
 This application 09/621,670  
 claims benefit of 60/156,007 09/23/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 09/08/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 5
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Verified and Acknowledged  
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**TITLE**  
 DEPTH AND PUNCTURE CONTROL FOR SYSTEM FOR HEMOSTASIS OF BLOOD VESSEL

<b>FILING FEE RECEIVED</b> 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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